

GEORGIA DEPARTMENT OF HUMAN RESOURCES Food Service Establishment Inspection Report

 $\textbf{Establishment Name:} \ \, \textbf{Smoothie King \# 912 Dba J.M. Key LLC}$

Address: 2707 W 54 Hwv

City: Peachtree City Time In: 3:00 pm Time Out: 4:00 pm

Inspection Date: 3/5/2010 **CFSM:** Marcus D. Key (10/17/2013)

Purpose of Inspection: Routine: ● Follow-Up: O Complaint: O Preliminary: O Other: O

Risk Type: 1 ● 2 O 3 O Permit#: 2-86084

*Risk Factors are food preparation practices and employee Good Retail

behaviors most commonly reported to the Centers for Disease Control and Prevention as contributing factors in foodborne illness outbreaks. Public Health Interventions are control measures to prevent illness or injury. 'Good Retail Practices are preventive measures to control the introduction of pathogens, chemicals, and physical objects into foods.

 87
 B
 12/3/09

 Prior Score
 Grade
 Date

 95
 A
 9/8/09

Date

97

CURRENT SCORE

A

CURRENT GRADE

SCORING AND GRADING: A=90-100 B=80-89 C=70-79 U<69

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

(Mark designated compliance status (IN, OUT, NA, or NO) for each numbered item. For items marked OUT, mark COS or R for each item as applicable. Deduct points for category or subcategory.)

IN=in compliance OUT=not in compliance NO=not observed NA=not applicable COS=corrected on-site during inspection R=repeat (violation of the same code provision)=2 points per subcategory

	Compliance Status									
1	IN	OUT	NA	NO	Supervision	4 pc	ints			
	•	0			1-2. Person in charge present, demonstrates knowledge, and performs duties	0	0			
_		оит			Employee Health, Good Hygenic Practices,					
2	IN	OUI	NA	NO	Preventing Contamination by Hands-Subcategory 1	9 pc	ints			
	•	0			2-1A. Proper use of restriction & exclusion	0	0			
	•	0		0	2-1B. Hands clean and properly washed	0	0			
	•	0	0	0	2-1C. No bare hand contact with ready-to-eat foods or approved alternate method properly followed	0	0			
					Employee Health, Good Hygenic Practices -Subcategory 2	4 pc	ints			
	•	0			2-2A. Management awareness; policy present; reporting	0	0			
	•	0		0	2-2B. Proper eating, tasting, drinking, or tobacco use	0	0			
	•	0		0	2-2C. No discharge from eyes, nose, and mouth	0	0			
	•	0			2-2D. Adequate handwashing facilities supplied & accessable	0	0			
3	IN	OUT	NA	NO	Approved Source	9 pc	ints			
	•	0			3-1A. Food obtained from approved source; parasite destruction	0	0			
	•	0	0	0	3-1B. Food received at proper temperature	0	0			
	•	0			3-1C. Food in good condition, safe, and unadulterated	0	0			
4	IN	OUT	NA	NO	Protection from Contamination-Subcategory 1	9 pc	ints			
	•	0	0		4-1A. Food separated and protected	0	0			
	•	0			4-1B. Proper disposition of contaminated food; returned food or unused food not re-served	0	0			
		Protection from Contamination-Subcategory 2	4 no	ints						
	•	0	0		4-2A. Food stored covered	0	0			
	•	0	0		4-2B. Food-contact surfaces: cleaned & sanitized	0	0			
					GOOD	RI	ETA			
(Mark the numbered item OUT, if not in compliance. For items marked OUT, mark COS of										

	Co	ompl	ian	ce S	tatus					
5	IN	OUT	NA	NO	Cooking and Reheating of Potentially Hazardous Foods, Consumer Advisory-Subcategory 1					
	•	0	•	0	5-1A. Proper cooking time and temperatures	0	0			
	• 0 • 0			0	5-1B. Proper reheating procedures for hot holding	0	0			
					Consumer Advisory-Subcategory 2					
	•	0	•		5-2. Consumer advisory provided for raw and undercooked foods	0	0			
6	IN	оит	NA	NO	Holding of Potentially Hazardous Foods, Date Marking Potentially Hazardous Food-Subcategory 1	9 po	ints			
	•	0	0		6-1A. Proper cold holding temperatures	0	0			
	•	0	•	0	6-1B. Proper hot holding temperatures	0	0			
	•	0	•	0	6-1C. Proper cooling time and temperature	0	0			
	•	0	•	0	6-1D. Time as a public health control: procedures and records	0	0			
					Date Marking-Subcategory 2					
	•	0	0	0	6-2. Proper date marking and disposition	0	0			
7	IN	OUT	NA	NO	Highly Susceptable Populations	9 po	ints			
	•	0	•		7-1. Pasteurized foods used; profibited foods not offered	0	0			
8	IN	OUT	NA	NO	Chemicals	4 po	ints			
	•	0	0		8-2A. Food additives: approved and properly used	0	0			
	•	0			8-2B. Toxic substances properly identified, stored, used	0	0			
9	IN	оит	NA	NO	Conformance with Approved Procedures	4 poin				
	•	0	•		9-2. Compliance with variance, specialized process and HACCP plan	0	0			

GOOD RETAIL PRACTICES k the numbered item OUT, if not in compliance. For items marked OUT, mark COS or R for each item as applicable. R=Repeat (violation of the same code provision) = 1 point pe

Compliance Status COS R OUT 10 Safe Food and Water, Food Identification 3 points 0 0 0 10A. Pasteurized eggs used where required 0 0 10B. Water and ice from approved source 0 0 0 10C. Variance obtained for specialized processing methods 0 0 • 10D. Food properly labeled; original container; required records available; shellstock tags 11 **Food Temperature Control** 3 points 0 0 0 11A. Proper cooling methods used; adequate equipment for temperature control 0 0 \circ 11B. Plant food properly cooked for hot holding 0 0 0 11C. Approved thawing methods used 0 0 0 11D. Thermometers provided and accurate 12 OUT **Prevention of Food Contamination** 12A. Contamination prevented during food preparation, storage, 0 0 0 display 12B. Personal cleanliness 0 0 0 0 0 12C. Wiping cloths: properly used and stored O 12D. Washing fruits and vegetables 0 0 13 OUT **Postings and Compliance with Clean Air Act** 3 points 0 13A. Posted: Permit/Inspection/Choking Poster/Handwashing 0 0

13B. Compliance with Georgia Smoke Free Air Act

0

Co	mpl	iance Status	COS	R			
14	OUT	Proper Use of Utensils					
	0	14A. In-use utensils: Properly stored					
	0	14B. Utensils, equipment and linens: properly stored, dried, handled					
	0	14C. Single-use/single-service articles: properly stored, used	0	0			
	0	14D. Gloves used properly	0	0			
15	OUT	Utensils, Equipment and Vending	1 pc	oint			
	0	15A. Food & nonfood-contact surfaces cleanable,properly designed, constructed, used	0	0			
	0	15B. Warewashing facilities: installed, maintained, used; test strips	0	0			
	0	15C. Nonfood-contact surfaces clean.	0	0			
16	OUT	Water, Plumbing and Waste	2 po	ints			
	0	16A. Hot and cold water available; adequate pressure	0	0			
	0	16B. Plumbing installed; proper backflow devices	0	0			
	0	16C. Sewage and waste water properly disposed	0	0			
17	OUT	Physical Facilities	1 pc	oint			
	0	17A. Toilet facilities: properly constructed, supplied, cleaned	0	0			
	0	17B. Garbage/refuse properly disposed; facilities maintained	0	0			
	0	17C. Physical facilities installed, maintained, and clean	0	0			
	0	17D. Adequate ventilation and lighting; designated areas used	0	0			
18	OUT	Pest and Animal Control					
	0	18. Insects, rodents, and animals not present	0	О			

Person in Charge (Signature):	(Print)			Date: 3/5/2010 3:00:00 PM
Inspector (Signature):		Follow-up: Yes O No●	Follow-u	p Date:

00

Food Service Establishment Inspection Report Addendum

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Page	Violations cited in this report must be corrected within the time frames specified below, or as stated in the Georgia Department of Human Resources Rules and Regulations Food Service Chapter 290-5-14, Rule .10 subsection (2)(i) and (j)										
Companies Comp											
Temp	Address	City/State			Zip Code						
Nem	2/07 W 54 Hwy		30269								
Person in Charge (Signature) 42	Item/Location	Temp	I	VALIONS	T T			Temp			
Peaches (accoder) 42 Orange Jude (spright freezer) 3 3 Stranderines (proposition) 42 Is a cream (anglish freezer) 3 3 Franches (prop top) 42 Symbotherise (pright freezer) 279 Franches (prop top) 42 Symbotherise (pright footer) 279 Franches (prop top) 42 Symbotherise (pright coder) 36 Franches (prop top) 42 Symbotherise (pright coder) 36 Franches (prop top) 42 Symbotherise (pright coder) 36 Franches (prop top) 43 Symbotherise (pright coder) 36 Franches (prop top) 45 Symbotherise (pright coder) 36 Franches (pright coder) 36 Franches (prop top) 45 Symbotherise (pright coder) 45 Symbotherise		_			-		,				
Symuther— (coposite)											
Peaches (prep top) 42 Strøwbernes (just delivered) 13 Comments (pres top) 42 Strøwbernes (thewing: unipit coder) 25 Comments (received) 2	Strawberries (uccooler)	42	Ice cream (upright freezer)		3						
Presente (Urep top) 42 Strowberries (thewing- upright cooler) 29 Strowberries (Thewing- upright cooler) 36 Strowberries (Theorem) 8 Pornegarante base (upright cooler) 36 Strowberries (Theorem) 36 Stro	Strawberries (prep top)	42	Strawberries (upright freezer)		-5						
Toer cream (chest freezer) 8 Drinks (drink cooler) 36 Drinks (drinks cooler) 37 Drinks (drinks cooler) 38 Drinks (drinks	Peaches (prep top)	42	Strawberries (just delivered)		13						
Ice cream (chest freezer) 8 Orinis (drink cooler) 36 Orinis (drink cooler) 37 Orinis (drink cooler) 37 Orinis (drink cooler) 38 Orinis (drink cooler) 38 Orinis (drink cooler) 38 Orinis (drink cooler) 38 Orinis (drink cooler) 39 Orinis (drink cool	Pineapple (prep top)	42	Strawberries (thawing- upright cooler)		29						
OBSERVATIONS AND CORRECTIVE ACTIONS	Ice cream (chest freezer)	6	Pomegranate base (upright cooler)		36						
S10 Bag of potato chips found dated Feb 8 10. Use / sell or discard all food items by printed date. S10 In the specific potation of the specific potato chips found dated Feb 8 10. Use / sell or discard all food items by printed date.	Ice cream (chest freezer)	8	Drinks (drink cooler)		36						
S10 Bag of potato chips found dated Feb 8 10. Use / sell or discard all food items by printed date.			OBSERVATIONS AND COR	RECTIV	E ACTION	IS					
Person in Charge (Signature)		s found d	ated Feb 8 10, USE / Sell or	discard	all food	items by pr	inted da	te.			
	Bound in Change (C)										
	Inspector (Signature)							3:00:00 PM			

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Regulations Food Service Chapter 290-5-14, Rule .10 subsection (2)(i) and (j). Establishment Smoothie King # 912 Dba J.M. Key LLC Permit 2-86∪84 Date Inspection Date3 Address 2707 W 54 Hwy City/State Peachtree City, GA 30269 Zip Code 30269 Item Number OBSERVATIONS AND CORRECTIVE ACTIONS	Violations cited in this report must be corrected within the time frames specified below, or as stated in the Georgia Department of Human Resources Rules and									
Address 2707 W 54 Hwy CORRECTIVE ACTIONS City/State Peachtree City, GA 30269 Zip Code 30269	stablishme	nent		14, Rule .10 subsection (2)	Per	rmit	Date	Date		
Item ORSEDVATIONS AND CORRECTIVE ACTIONS	Address		J.M. Key LLC		2-80	City/State	Inspection	Zip Code		
Number OBSERVATIONS AND CORRECTIVE ACTIONS		Hwy		ORCEDVA	TIONS AND CORDE			30269		
	lumber			OBSERVA	ITONS AND CORREC	CIIVE ACTIONS				
Person in Charge (Signature) Inspector (Signature) Date 3/5/2010 3:00:00 PM			ature)					2.00.00 PM		